

County: Green Lake
 SUNNYVIEW HEALTH & REHAB CENTER
 900 SUNNYVIEW LANE

Facility ID: 8550

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PRINCETON 54968 Phone: (920) 295-6463

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 56

Total Licensed Bed Capacity (12/31/00): 65

Number of Residents on 12/31/00: 46

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 45

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		37.0
Supp. Home Care-Household Services	No	Developmental Disabilities	2.2	Under 65	2.2	More Than 4 Years		23.9
Day Services	No	Mental Illness (Org./Psy)	21.7	65 - 74	10.9			-----
Respite Care	Yes	Mental Illness (Other)	4.3	75 - 84	32.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	2.2		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	32.6	65 & Over	97.8	-----		
Transportation	No	Cerebrovascular	8.7	-----	-----	RNs		10.1
Referral Service	No	Diabetes	8.7	Sex	%	LPNs		9.8
Other Services	Yes	Respiratory	0.0	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	19.6	Male	21.7	Aides & Orderlies		
Mentally Ill	No	-----	-----	Female	78.3			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	4	100.0	\$322.29	27	90.0	\$96.20	0	0.0	\$0.00	12	100.0	\$103.17	0	0.0	\$0.00	43	93.5%
Intermediate	---	---	---	3	10.0	\$80.50	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	6.5%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		30	100.0		0	0.0		12	100.0		0	0.0		46	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	10.3	Daily Living (ADL)				
Private Home/With Home Health	0.0	Bathing	6.5	71.7	21.7	46
Other Nursing Homes	2.3	Dressing	6.5	71.7	21.7	46
Acute Care Hospitals	81.6	Transferring	26.1	54.3	19.6	46
Psych. Hosp. -MR/DD Facilities	2.3	Toilet Use	19.6	60.9	19.6	46
Rehabilitation Hospitals	0.0	Eating	67.4	19.6	13.0	46
Other Locations	3.4	*****				
Total Number of Admissions	87	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.2	Receiving Respiratory Care		0.0
Private Home/No Home Health	20.2	Occ/Freq. Incontinent of Bladder	52.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	50.0	Receiving Suctioning		0.0
Other Nursing Homes	3.4			Receiving Ostomy Care		6.5
Acute Care Hospitals	43.8	Mobility		Receiving Tube Feeding		4.3
Psych. Hosp. -MR/DD Facilities	1.1	Physically Restrained	2.2	Receiving Mechanically Altered Diets		28.3
Rehabilitation Hospitals	0.0					
Other Locations	2.2	Skin Care		Other Resident Characteristics		
Deaths	29.2	With Pressure Sores	0.0	Have Advance Directives		87.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	89			Receiving Psychoactive Drugs		28.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	69.2	80.4	0.86	85.4	0.81	84.1	0.82	84.5	0.82
Current Residents from In-County	69.6	74.2	0.94	72.9	0.95	76.2	0.91	77.5	0.90
Admissions from In-County, Still Residing	14.9	19.0	0.79	21.3	0.70	22.2	0.67	21.5	0.69
Admissions/Average Daily Census	193.3	135.3	1.43	101.3	1.91	112.3	1.72	124.3	1.56
Discharges/Average Daily Census	197.8	137.7	1.44	101.3	1.95	112.8	1.75	126.1	1.57
Discharges To Private Residence/Average Daily Census	40.0	57.0	0.70	37.6	1.06	44.1	0.91	49.9	0.80
Residents Receiving Skilled Care	93.5	89.4	1.05	89.6	1.04	89.6	1.04	83.3	1.12
Residents Aged 65 and Older	97.8	95.9	1.02	93.4	1.05	94.3	1.04	87.7	1.12
Title 19 (Medicaid) Funded Residents	65.2	71.6	0.91	69.0	0.94	70.1	0.93	69.0	0.95
Private Pay Funded Residents	26.1	19.0	1.37	23.2	1.12	21.4	1.22	22.6	1.15
Developmentally Disabled Residents	2.2	1.2	1.79	0.9	2.32	0.9	2.37	7.6	0.28
Mentally Ill Residents	26.1	35.9	0.73	41.5	0.63	39.6	0.66	33.3	0.78
General Medical Service Residents	19.6	18.2	1.07	15.4	1.27	17.0	1.15	18.4	1.06
Impaired ADL (Mean)	47.8	47.3	1.01	47.7	1.00	48.2	0.99	49.4	0.97
Psychological Problems	28.3	45.0	0.63	51.3	0.55	50.8	0.56	50.1	0.56
Nursing Care Required (Mean)	4.9	6.7	0.73	6.9	0.71	6.7	0.73	7.2	0.68